

SECTION A Provider/Program Information

1. County Name:

2. Provider Name:

3. Contact Person:

4. Today’s Date:

5. Provider ID No.:

6. Telephone No.: (  )

7. Strategy Status: ☐ Existing Services  
☐ New Services

SECTION B Service Populations

Please check (š) all boxes that apply. Asterisks (\*) denote high-risk categories.

☐ (a) Business and Industry

☐ (b) Children of Substance Abusers \*

☐ (c) Civic Groups/Coalitions

☐ (d) College Students

☐ (e) Delinquent/Violent Youth \*

☐ (f) Economically Disadvantaged \*

☐ (g) Elementary School Students

☐ (h) Employee Groups/Unions

☐ (i) Fire Professionals

☐ (j) Gangs

☐ (k) General Population

☐ (l) Government/Elected Officials

☐ (m) Health Professionals

☐ (n) High School Students

☐ (o) HIV Infected Persons

☐ (p) Homeowners Associations

☐ (q) IV Drug Users

☐ (r) Law Enforcement/Military

☐ (s) Lesbian/Gay/Bisexual/Transgender

☐ (t) Local Municipal Agencies

☐ (u) Middle/Jr High School Students

☐ (v) Neighborhood Associations

☐ (w) Older Adults

☐ (x) Parents/Families

☐ (y) People With Mental Health Problems \*

☐ (z) Persons Using Substances \*

☐ (aa) Persons With Physical Disabilities \*

☐ (bb) Physical/Emotional Abuse Victims \*

☐ (cc) Pregnant Women/Teens \*

☐ (dd) Preschool Students

☐ (ee) Prevention/Treatment Professionals

☐ (ff) Professional/Trade Associations

☐ (gg) Religious Groups

☐ (hh) Retailers

☐ (ii) Runaway/Homeless Youth \*

☐ (jj) School Dropouts \*

☐ (kk) Social Service Providers

☐ (ll) Teachers/Administrators/Counselors

☐ (mm)Voluntary/Fraternal Community Service

☐ (nn) Women and Children

☐ (oo) Youth/Minors

☐ (pp) Other (specify)

SECTION C Service Delivered

Determine the single most appropriate service description for each activity; for each service delivered, complete the entire row. Enter the number of times the service was provided in the “Frequency” column; enter the number of persons served in the “Number Served” column. These entries must be numeric. Enter A or E in the “Actual/Estimated” column. For C2, C3 and C4, enter in the demographic breakdown; the “Totals” should match the “Number Served.”

C1 Services Requiring Demographics	Frequency	Number Served	A=Actual E=Est.	C2 Race/Ethnicity									C3 Age									C4 Gender			
				(a) White, Not Hispanic	(b) Asian or Pacific Islander	(c) Hispanic/ Latino	(d) Native Am / Alaska Native	(e) African American	(f) Multiracial/ Multiethnic	(g) Other	Specify	TOTAL	(a) Under 5	(b) 5 - 9	(c) 10 - 12	(d) 13 - 15	(e) 16 - 18	(f) 19 - 25	(g) 26 - 55	Over 55	TOTAL	(a) Male	(b) Female	(c) Other	TOTAL
(a) Employee Assistance Programs																									
(b) DUI/DWI/MIP Education Programs																									
(c) Mens Alternative to Violence Programs																									
(d) Prevention Assessment and Referral Services																									
(e) Student Assistance Programs																									
(f) Womens Alternative to Violence Programs																									
(g) Other (specify)																									

SECTION D  
Where Services Occurred

Please check (š) all that apply.

☐ (a) Alternative Schools

☐ (b) Community At Large

☐ (c) Community Center

☐ (d) Criminal Justice System

☐ (e) Faith Center

☐ (f) Health Center/Clinic

☐ (g) Hospital

☐ (h) Parks/Recreation

☐ (i) Public Housing

☐ (j) Residential Treatment

☐ (k) School

☐ (l) Street Outreach

☐ (m) Transitional Housing

☐ (n) Treatment Facility

☐ (o) University/College

☐ (p) Work Place

☐ (q) Youth Clubs/Center

☐ (r) Other (specify)